

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
107019920

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED AFTER
1st AMENDMENT AFTER
2nd AMENDMENT

IND. DEP. IND. DEP. IND. DEP.

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TOTAL CLAIMS			16		

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* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY